

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890016  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5	1		1			
6		1		1		
7		1		1		
8		2		2		
9		①		①		
10		①		①		
11		①		①		
12		①		①		
13		①		①		
14		①		①		
15		①		①		
16		①		①		
17		①		①		
18		①		①		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	26	↓	25	↓		↓
TOTAL CLAIMS	28		27			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS